



SEARCHED
INDEXED
MAILED

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|-------------------|
| | | Application Number | 10/790,029 |
| | | Filing Date | 3/02/2004 |
| | | First Named Inventor | Nosaka |
| | | Art Unit | 3679 |
| | | Examiner Name | Aaron M. DUNWOODY |
| Total Number of Pages in This Submission | | Attorney Docket Number | 12-040 |

ENCLOSURES (Check all that apply)

Fee Transmittal Form
 Fee Attached
 Amendment / Reply
 After Final
 Affidavits/declaration(s)
 Extension of Time Request
 Express Abandonment Request
 Information Disclosure Statement
 Certified Copy of Priority Document(s)
 Reply to Missing Parts/ Incomplete Application
 Reply to Missing Parts under 37 CFR 1.52 or 1.53

Drawing(s)
 Licensing-related Papers
 Petition
 Petition to Convert to a Provisional Application
 Power of Attorney, Revocation Change of Correspondence Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s) _____
 Landscape Table on CD

After Allowance communication to (TC)
 Appeal Communication to Board of Appeals and Interferences
 Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s) (please identify below)

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|----------------------|----------|--------|
| Firm Name | Posz Law Group, PLC | | |
| Signature | | | |
| Printed name | Cynthia K. Nicholson | | |
| Date | 29 March 2005 | Reg. No. | 36,880 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|----------------------|------|---------------|
| Signature | | | |
| Typed or printed name | Cynthia K. Nicholson | Date | 29 March 2005 |



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 120)

| | |
|----------------------|--------------------------|
| Application Number | 10/790,029 |
| Filing Date | 3/2/2004 |
| First Named Inventor | Nosaka |
| Examiner Name | Aaron M. DUNWOODY |
| Art Unit | 3679 |

METHOD OF PAYMENT (check all that apply)

Check None Other (please identify):

Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|----------|-------------|----------|------------------|----------|-----------------------|
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | \$ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 160 | 80 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|
| | | | | Fee (\$) | Fee (\$) |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Fee (\$) | Fee Paid (\$) |
|----------------------|---------------------|-----------------|----------------------|-----------------|----------------------|
| - 3 or HP = | x | = | | | |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for Extension of Time (1 month)

120

SUBMITTED BY

| | | | |
|-------------------|----------------------|---|--------------------------|
| Signature | | Registration No. (Attorney/Agent) 36,880 | Telephone (703) 707-9110 |
| Name (Print/Type) | Cynthia K. Nicholson | | Date 29 March 2005 |